

EPA Notification of Hazardous Waste

Please refer to the *Instructions & Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Comments

11 SEP 1991
COPY
RECEIVED

AUG 10 1987

Date Received
 yr. mo. day

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[illegible]**ZIP Code**

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III

0	6	1	1
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[illegible]**ZIP Code**

	C	H	I	C	A	G	O
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U L

0	6	1	1
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Phone Number (area code and number)

G	E	O	R	G	E	S	L	O	M	I	N	S	K	I				3	1	2	3	2	1	0	8	8	0
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B. Type of Ownership (enter code)

CR	B	U	S	C	H		C	R	E	A	T	I	V	E		S	E	R	V	I	C	E	S		P
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B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel Marketer (enter "X" and mark appropriate box below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (On Site Burner) Who First Claims the Oil Marked as Federal Reserve

☐ C. Industrial Furnace☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

☒ A First Notification ☐ B Subsequent Notification (complete item C)

C. Installation's EPA ID Number

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1					
			10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous waste your installation handles. (See 40 CFR Parts 261.21 - 261.24)

- ☐ 1. Ignitable (D001)
 ☐ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☐ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) GEORGE SLOMINSKI DIRECTOR OF ENGINEERING	Date Signed 7/23/87
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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

EPA Notification of Hazardous Waste	United States Environmental Protection Agency Washington, D.C. 20460	87.10435	Please refer to the instructions for this notification when completing this form. The instructions are located in the EPA Manual, Section 100.1 of the Hazardous Waste and Recovery Act, 42 U.S.C. 9601-9607.
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For Official Use Only	Comments
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Installation's EPA ID Number I L D 0 6 2 4 7 8 5 1 6	Approved by A	Date Received 8 7 0 7 2 7	RECEIVED AUG 10 1987
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I. Name of Installation O P T I M U S I N C
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II. Installation Mailing Address																			
Street or P.O. Box																			
3	1	6	1	E	G	R	A	N	D	A	V	E							
City or Town											State	ZIP Code							
4	C	H	I	C	A	G	O						I	L	6	0	6	1	1

III. Location of Installation																			
Street or Route Number																			
5	1	6	1	E	G	R	A	N	D	A	V	E							
City or Town											State	ZIP Code							
4	C	H	I	C	A	G	O						I	L	6	0	6	1	1

IV. Installation Contact																									
Name and Title (last, first, and job title)										Phone Number (area code and number)															
2	G	E	O	R	G	E	S	L	O	M	I	N	S	K	I	3	1	2	3	2	1	0	8	8	0

V. Ownership																						
A. Name of Installation's Legal Owner										B. Type of Ownership (enter code)												
R	B	U	S	C	H	C	R	E	A	T	I	V	E	S	E	R	V	I	C	E	S	P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)	
A. Hazardous Waste Activity <input type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	B. Used Oil Fuel Activities <input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer for On Site Burner (Who First Claims the Oil Marked as such) <div style="text-align: center;"> JUL 27 1987 U.S. EPA REGION V </div>

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)		
<input type="checkbox"/> A. Utility Boiler	<input type="checkbox"/> B. Industrial Boiler	<input type="checkbox"/> C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))				
<input type="checkbox"/> A. Air	<input type="checkbox"/> B. Rail	<input type="checkbox"/> C. Highway	<input type="checkbox"/> D. Water	<input type="checkbox"/> E. Other (specify)

IX. First or Subsequent Notification	
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.	
<input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.21 for each hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6	7	8
F	0	0	1				

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

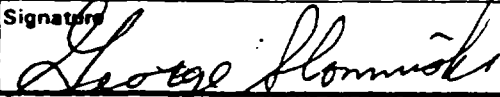
☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

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Signature



Name and Official Title (type or print)

GEORGE SLOMINSKI
DIRECTOR OF ENGINEERING

Date Signed

7/23/87